Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 FORM C/OH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1 2009 2 PAGE # 1 ACCOUNT# The C/OH Instruction Guide explains how to complete this form. (Ethics Commission filers) 808 1 of 33 00000009 CANDIDATE / MS/MRS/MR FIRST М OFFICE USE ONLY OFFICEHOLDER Sheryl NAME Date Received NICKNAME LAST SUFFIX Cole CANDIDATE / ADDRÉSS / PO BOX; APT / SUITE #; STATE; ZIP CODE **OFFICEHOLDER** 301 W. 2nd St. 2nd Floor Austin, TX 78701 MAILING **ADDRESS** Date Hand-delivered or Date Postmarked Change of Address Receipt # Amount MS / MRS / MR CAMPAIGN TREASURER Date Processed Rev. Joseph NAME Date Imaged NICKNAME SUFFIX Parker ZIP CODE CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); CITY; APT / SUITE #: STATE; TREASURER 5918 Lookout Mountain Austin, TX 78731 **ADDRESS** (Residence or business) PHONE NUMBER AREA CODE EXTENSION CAMPAIGN TREASURER (512) 323-6605 PHONE 8 REPORT TYPE 15th day after campaign treasurer appointment (officeholder only) January 15 30th day before election Runoff

	July 15 X 8th day before el	ection Exceeded \$500 limit Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year TH 03/31/2009	Month Day Year ROUGH 04/29/2009
10 ELECTION	Month Day Year C5/09/2009 ELECTION Prin	TYPE mary Runoff X General Special
11 OFFICE	OFFICE HELD (if any) City Council, Place 6	12 OFFICE SOUGHT (if known) City Council, Place 6
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		expenditures made by others without the candidate's prior consent or approval. on only if they receive notification of the direct campaign expenditure.
additional pages	Address/PO Box; Apt. / Suite #; City; State;	Zip Code

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	IOIAL5		COVER	SHEET PG Z
14 C/OH NAME Cole,	Sheryl		15 ACCOUNT # 00000009	(Ethics Commission filers)
16 NOTICE FROM	have been made with	stice of political expenditures by political committees to support the coordinates or officeholder's knowledge or consent, Candidaty receive notice of such expenditures.		
POLITICAL COMMITTEE(S)	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	2,355.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	28,097.68
EXPENDITURE TOTALS				83.88
	4. TOTAL (POLITICAL EXPENDITURES	\$	98,656.94
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	31,178.75
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$	0.00
18 AFFIDAVIT			<u> </u>	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.				
SUSAN C. HARRY Notary Public, State of Texas My Commission Expires May 11, 2011 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said Sharp Cole, this the day				
of Way.	20, to cer	tify which, witness my hand and seal of office.	Nal	
Signature of officer admi	Signature of officer administering oath Print name of officer administering oath Title of officer administering oath			

The Instruction	ION GUIDE explains how to complete this form.		1 PAGE#		
2 FILER NAME	Cole, Sheryl		Schedule: 1/2 3 ACCOUNT # 00000009	26 Report: 3/33 (Ethics Commission filers)	
4 Date	5 Full name of contributor uut-of-state PAC (ID# A/TCEMS	<i>‡</i>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
04/14/2009	6 Contributor address; City; State; Zip Code 400 W. 14th St. Ste. 230 Austin, TX 78701	, , , , , , , , , , , , , , , , , , , ,	\$350.00	 	
		!	(If travel outside of	Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Acuna, Gerry	()	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/14/2009	Contributor address; City; State; Zip Code P.O. Box 26499 Austin, TX 78755		\$350.00	 	
			/if travel outside of	Texas, complete Schedule T)	
Principal occup Owner	pation / Job title (See Instructions)	Employer (See Ins Tri Recycling, In	nstructions)	Texas, complete Company	
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/20/2009	Contributor address; City; State; Zip Code 70 Corte Oriental Greenbrae, CA 94904		\$100.00		
= · · ·	1		,	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Agnew, Virginia)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/27/2009	Contributor address; City; State; Zip Code 1204 Castle Hill St. Austin, TX 78703		\$100.00	 	
		ļ	(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			<u> </u>		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/13/2009	Contributor address; City; State; Zip Code 8017 Cobblestone Austin, TX 78735		\$100.00	[] 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/3	26 Report: 4/33	
2	FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)	
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	03/31/2009	6 Contributor address; City; State; Zip Code 1303 Comal St. Austin, TX 78702		\$100.00	 	
				(if travel outside of	Texas, complete Schedule T)	
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/19/2009	Contributor address; City; State; Zip Code 2318 Canterbury St Austin, TX 78702	:	\$100.00	} {	
					Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/03/2009	Contributor address; City; State; Zip Code 4107 Medical Pkwy. Austin, TX 78756		\$350.00	 	
}				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/02/2009	Contributor address; City; State; Zip Code 4106 Medical Parkway Austin, TX 78756		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/06/2009	Contributor address; City; State; Zip Code P.O. Box 6097 Austin, TX 78762		\$100.00	1 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	·	, , , , , , , , , , , , , , , , , , , ,	

The Instruction Guide explains how t	o complete this form.		1 PAGE# Schedule: 3/2	26 Report: 5/33
2 FILER NAME Cole, Sheryl			3 ACCOUNT # 00000009	(Ethics Commission filers)
4 Date 5 Full name of contril Barnwell, Carolyn Al		#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/07/2009 6 Contributor address 900 Ethel Street Austin, TX 78704	s; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$300.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Inst Broker	ructions)	10 Employer (See In: CBRE	structions)	
Date Full name of contrit Bauer, Meade	outor out-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2009 Contributor address 3924 Balcones Dr. Austin, TX 78731	s; City; State; Zip Code		\$100.00	
				Texas, complete Schedule T)
Principal occupation / Job title (See Inst	ructions)	Employer (See In:	structions)	
Date Full name of contrit Best, Delta	outor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2009 Contributor address 1312 Hunter Ace Way Cedar Park, TX 78613			\$100.00	
			•	Texas, complete Schedule T)
Principal occupation / Job title (See Inst	ructions)	Employer (See In:	structions)	
Date Full name of contrib Biggar, John	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2009 Contributor address 3007 Westlake Dr. Austin, TX 78746	s; City; State; Zip Code		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Inst investor	ructions)	Employer (See Ins self	structions)	
Date Full name of contrib Blacklock, Dan	out-of-state PAC (ID#	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2009 Contributor address 13005 Shawnee Manchaca, TX 78652	c; City; State; Zip Code		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Inst	ructions)	Employer (See Ins		

POLITICAL CONTRIBUTIONS

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The INSTRUC	пом Guide explains how to complete this form.		1 PAGE# Schedule: 4/2	26 Report: 6/33
2 FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID) Blaine, Edward	<u>#</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/16/2009	6 Contributor address; City; State; Zip Code 1507 West Lynn St. Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu General Pai	upation / Job title (See Instructions) tner	10 Employer (See In Rainier Manage		
Date	Full name of contributor ut-of-state PAC (ID# Bojorquez, Alan		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/23/2009	Contributor address; City; State; Zip Code 12604 Velarde Cove Austin, TX 78729		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occi attorney	upation / Job title (See Instructions)	Employer (See In Bovey & Bojorq		
Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2009	Contributor address; City; State; Zip Code 12525 West Highway 71 Austin, TX 78738		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/15/2009	Contributor address; City; State; Zip Code 601 N. Lamar Ste. 301 Austin, TX 78703	: !	\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2009	Contributor address; City; State; Zip Code 714 Wayside Rd. Austin, TX 78703-4342		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Executive D	pation / Job title (See Instructions) rector	Employer (See Ins Austin Partners		

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 5/2	26 Report: 7/33
2	FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Brooks, Richard	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/01/2009	6 Contributor address; City; State; Zip Code 23415 Pedernales Canyon Trail Spicewood, TX 78669		\$100.00	
				 (If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/06/2009	Contributor address; City; State; Zip Code 502 Glenwick Ct. Trophy Club, TX 76262		\$125.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/21/2009	Contributor address; City; State; Zip Code 4400 Island Ave. Austin, TX 78731		\$350.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In retired	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2009	Contributor address; City; State; Zip Code 2006 Rogge Lane Austin, TX 78723		\$150.00	
		Additi, TATOLES			
	Deineinel en eur	ation / Job title (See Instructions)	Employer (See In:	<u> </u>	Texas, complete Schedule T)
		auon / Job tille (See Ilistractions)	Employer (See in	sauctoris)	
	Date	Full name of contributor ut-of-state PAC (ID# Casey, Robin)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/21/2009	Contributor address; City; State; Zip Code 3805-A Petes Path Austin, TX 78731		\$100.00	!
				<u> </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

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	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 6/2	26 Report: 8/33
2	FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Chang, George	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/07/2009	6 Contributor address; City; State; Zip Code 13401 Wyoming Valley Dr. Austin, TX 78727		\$150.00	
	I			(if travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Chanon, Greg	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2009	Contributor address; City; State; Zip Code 4100 Hyridge Drive Austin, TX 78759		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In:		<u> </u>
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	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/15/2009	Contributor address; City; State; Zip Code P.O. Box 1148 Austin, TX 78767	· · · · · · · · · · · · · · · · · · ·	\$185.00	}
					Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2009	Contributor address; City; State; Zip Code 2601 Great Oaks Pkwy. Austin, TX 78756		\$100.00]
:				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Conway, Jerry	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/16/2009	Contributor address; City; State; Zip Code 2605 Westlake Dr. Austin, TX 78746		\$250.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occupa	pation / Job title (See Instructions)	Employer (See Ins Sonic Drive Ins	structions)	

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The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 7/2	26 Report: 9/33	
2	FILER NAME	Cole, Sheryl	,	3 ACCOUNT# 00000009	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Coopwood, Thomas	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	04/17/2009	6 Contributor address; City; State; Zip Code 6717 Valburn Dr Austin, TX 78731-1803	• • • • • • • • • • • • • • • • • • • •	\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Covington, Sid C.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/26/2009	Contributor address; City; State; Zip Code 4810 Placid Place Austin, TX 78731		\$200.00	 	
			İ	(If travel outside of	Texas, complete Schedule T)	
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Covington Explo			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/20/2009	Contributor address; City; State; Zip Code 715 Patterson Ave. No. B Austin, TX 78703		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/01/2009	Contributor address; City; State; Zip Code 5401 Ridge Oak Drive Austin, TX 78731	••••	\$200.00	1 ! !	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins Self	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Diebell, Larry		Amount of contribution (\$)	In-kind contribution description (if applicable) event expenses	
	04/20/2009	Contributor address; City; State; Zip Code 301 Congress Ave., Ste. 200 Austin, TX 78701		\$190.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	<u></u>	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	26 Report: 10/33
2	FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Donelson, Lewie	‡)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Event Expense
	04/15/2009	6 Contributor address; City; State; Zip Code 600 Bellevue Austin, TX 78705		\$200.00	}
_				•	Texas, complete Schedule T)
9	Principal occup Professor	pation / Job title (See Instructions)	10 Employer (See Ins Austin Presbyte	structions) rian Theological S	Seminary
	Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/09/2009	Contributor address; City; State; Zip Code 3512 Native Dancer Cove Austin, TX 78746		\$100.00	}
			San In	<u> </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/21/2009	Contributor address; City; State; Zip Code 9200 MC Means Trail Austin, TX 78737	· · · · · · · · · · · · · · · · · · ·	\$75.00	
		<u> </u>		'	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2009	Contributor address; City; State; Zip Code 300 S. 8th St. McAllen, TX 78501		\$350.00	
_					Texas, complete Schedule T)
_	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
***	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/15/2009	Contributor address; City; State; Zip Code 601 N. Lamar Blvd. Ste. 301 Austin, TX 78703		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/	26 Report: 11/33
2	FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
! !	04/06/2009	6 Contributor address; City; State; Zip Code 6325 Mesa Ridge Dr. Fort Worth, TX 76137		\$125.00	
			<u>-</u>	(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/21/2009	Contributor address; City; State; Zip Code 4104 River Place Blvd. Austin, TX 78730		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/03/2009	Contributor address; City; State; Zip Code 700 Lavaca, Ste. 1150 Austin, TX 78701		\$100.00	}
				(if travel outside of	Texas, complete Schedule 7)
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	A-1
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/16/2009	Contributor address; City; State; Zip Code 6800 W. Courtyard Dr. Austin, TX 78730		\$100.00	
		İ		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	1 <u></u>	n. 1000.
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2009	Contributor address; City; State; Zip Code 6200 Bridgepoint Pkwy., Ste. 300 Austin, TX 78730		\$100.00	
1		İ		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	<u> </u>

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The Instructi	ON GUIDE explains how to complete this form.		1 PAGE#	
2 FILER NAME	Cole, Sheryl		Schedule: 10 3 ACCOUNT # 00000009	//26 Report: 12/33 (Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Graham, Lawrence	<i>‡</i>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/01/2009	6 Contributor address; City; State; Zip Code 5909 Bull Creek Rd. Austin, TX 78757		\$100.00	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	<u> </u>	Texas, complete Schedule T)
Date	Full name of contributor	<u>*</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2009	Contributor address; City; State; Zip Code 605 W. 10th St. Austin, TX 78701		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of	In-kind contribution
	Gregory, Russell		contribution (\$)	description (if applicable)
04/13/2009	Contributor address; City; State; Zip Code 3 Hillside Ct. Austin, TX 78746	•••••	\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In retired	structions)	<u> </u>
			1	1
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2009	Contributor address; City; State; Zip Code 202 East Barton Temple, TX 76501		\$350.00	;
			(If travel outside of	Texas, complete Schedule T)
Principal occup real estate	eation / Job title (See Instructions)	Employer (See In Self	structions)	-
Date	Full name of contributor ut-of-state PAC (ID# Gustafson, Jr., John)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/10/2009	Contributor address; City; State; Zip Code 905 Hills Creek McKinney, TX 75070		\$125.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	<u> </u>	, ethiplote estimate 1/

POLITICAL CONTRIBUTIONS

	OTHER	THAN PLEDGES OR LOAI	13		
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 11	/26 Report: 13/33
2	FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hafer, Betty)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/09/2009	6 Contributor address; City; State; Zip Code 4100 Ave. H. Austin, TX 78751		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/01/2009	Contributor address; City; State; Zip Code 1808 Barton Pky. Austin, TX 78704	•••••	\$300.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup attorney	ation / Job title (See Instructions)	Employer (See In: self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/2009	Contributor address; City; State; Zip Code 1220 Rustic Lane Spicewood, TX 78669		\$100.00	
	:			(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/15/2009	Contributor address; City; State; Zip Code 7415 Ledbetter Rd. Arlington, TX 76001		\$350.00	
					Texas, complete Schedule T)
	Principal occup Principal Engi	ation / Job title (See Instructions) ineer	Employer (See In: MWH	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2009	Contributor address; City; State; Zip Code 3307 Winding Creek Drive. Austin, TX 78735		\$100.00	
				()f trough autoble of	Towns complete Sebedule Ti
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
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POLITICAL CONTRIBUTIONS

L	OTHER	THAN PLEDGES OR LOAD			
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 12	1/26 Report: 14/33
2	FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/21/2009	6 Contributor address; City; State; Zip Code 1604 Ben Crenshaw Way Austin, TX 78746		\$100.00	I
				(if travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/21/2009	Contributor address; City; State; Zip Code 2804 W. Fresco Dr. Austin, TX 78731		\$250.00	
	····			<u> </u>	Texas, complete Schedule T)
	Principal occup Development	pation / Job title (See Instructions) Office	Employer (See In Seton Hospital	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2009	Contributor address; City; State; Zip Code 7952 Anderson Square Austin, TX 78757		\$350.00	
				1. <u>`</u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2009	Contributor address; City; State; Zip Code P.O. Box 663 Wimberley, TX 78676		\$100.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (iD#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
 	04/15/2009	Contributor address; City; State; Zip Code 800 Christopher St. Austin, TX 78704		\$200.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup architect	ation / Job title (See Instructions)	Employer (See In: Hurt Partners	structions)	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	/26 Report: 15/33
2	FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#Ikard, William	<u>; </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/21/2009	6 Contributor address; City; State; Zip Code 515 Congress Ave., Ste. 1320 Austin, TX 78701		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/27/2009	Contributor address; City; State; Zip Code 14808 Staked Plains Loop Austin, TX 78717		\$150.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/21/2009	Contributor address; City; State; Zip Code 5900 Rain Creek Parkway Austin, TX 78759		\$400.00	
				<u> </u>	Texas, complete Schedule T)
		ation / Job title (See Instructions) acy / Public Advocacy	Employer (See In: RJW Operation:	structions) s / RJW Operatior	ns
	Date	Full name of contributor ut-of-state PAC (iD# Jammer, Brian		Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/09/2009	Contributor address; City; State; Zip Code P.O. Box 19528 Austin, TX 78760		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Ins University of Te		
	Date	Full name of contributor ut-of-state PAC (ID# Jones, Michael)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/14/2009	Contributor address; City; State; Zip Code 2045 Zach Scott St. Austin, TX 78723		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	•	

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	The Instruction	ON GUIDE explains how to complete	this form.		1 PAGE# Schedule: 14	1/26 Report: 16/33
2	FILER NAME	Cole, Sheryl			3 ACCOUNT# 00000009	(Ethics Commission filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#	<u></u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/21/2009	6 Contributor address; City; 4603 Laurel Canyon Drive Austin, TX 78731	State; Zip Code		\$350.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup President	ation / Job title (See Instructions)		10 Employer (See In: Montford Consu		
	Date	Full name of contributor	out-of-state PAC (ID#	<u>(</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/22/2009	Contributor address; City; 1714 W. 10th Austin, TX 78703	State; Zip Code		\$200.00	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			()f traval outelds of	Texas, complete Schedule T)
-	Principal occup	ation / Job title (See Instructions)		Employer (See In:	,	Toxas, complete considerally
	consultant			self	·	
	Date	Full name of contributor	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/15/2009	Contributor address; City; 505 Bellevue Place #8 Austin, TX 78705	State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In:	structions)	
	Date	Full name of contributor	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/05/2009	Contributor address; City; 4015 Avenue H Austin, TX 78751	State; Zip Code		\$100.00	} [[
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See Ins	structions)	
	Date	Full name of contributor	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2009	Contributor address; City; 11000 Onion Creek Ct. Austin, TX 78747	State; Zip Code		\$350.00	! [!
					(if travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions)		Employer (See Ins		
	Director			Ademi Conventi	OII DUIEAU	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	5/26 Report: 17/33	
2	FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Langmore, John)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	03/31/2009	6 Contributor address; City; State; Zip Code 1408 Preston Avenue Austin, TX 78703		\$100.00	 	
_				(If travel outside of	f Taxas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/20/2009	Contributor address; City; State; Zip Code 1518 Pinehurst Ln. Round Rock, TX 78664		\$150.00	 	
L				'	Texas, complete Schadule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/15/2009	Contributor address; City; State; Zip Code 6530 Tasajillo Trail Austin, TX 78739		\$350.00	 	
				1	Texas, complete Schedule T)	
	Principal occup Senior Vice P	pation / Job title (See Instructions) President	Employer (See Ins Comerica Bank			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/21/2009	Contributor address; City; State; Zip Code 101 Ridgemont Ct. Austin, TX 78746		\$350.00	 	
ļ	j	I	J	(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	pation / Job title (See Instructions)	Employer (See Ins Bishop, London			
 -	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/15/2009	Contributor address; City; State; Zip Code 601 N. Lamar Blvd., Ste. 301 Austin, TX 78703		\$350.00	 } 	
	J	1		/if travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	L	, _	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 16	i/26 Report: 18/33
2 FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Lumpkin, Kathryn	;)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/15/2009	6 Contributor address; City; State; Zip Code 4204 Venado Dr. Austin, TX 78731	• • • • • • • • • • • • • • • • • • • •	\$150.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/17/2009	Contributor address; City; State; Zip Code 2409 Royal Lytham Dr. Austin, TX 78747		\$200.00	} !
			l '	Texas, complete Schedule T)
Principal occup land surveyor	pation / Job title (See Instructions)	Employer (See In Macias & Assoc		
Date	Full name of contributor ☐ out-of-state PAC (ID# Maclay- Beyer, Caroline	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2009	Contributor address; City; State; Zip Code 4205 Lullwood Dr. Austin, TX 78722		\$75.00	
			1 '	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2009	Contributor address; City; State; Zip Code P.O. Box 1148 Austin, TX 78767		\$150.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2009	Contributor address; City; State; Zip Code 7529 Harlow Dr. Austin, TX 78739		\$125.00	[
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In:	l *	
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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 17	7/26 Report: 19/33		
2	FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# McCann, Jana	‡)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	04/20/2009	6 Contributor address; City; State; Zip Code 4000 Pinckney Street Austin, TX 78723		\$200.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Principal	ation / Job title (See Instructions)	10 Employer (See In: Roma Austin Co	structions) ollaborative Desig	n Studio		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/01/2009	Contributor address; City; State; Zip Code 3965 Sendero Drive Austin, TX 78735		\$100.00	 		
		Ausun, 17/10/05		(if travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
	· · · · · · · · · · · · · · · · · · ·						
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/31/2009	Contributor address; City; State; Zip Code P.O Box 303307 Austin, TX 78703		\$100.00	1		
				<u> </u>	Texas, complete Schedule T)		
_	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# McDaniel, Demetrius	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/01/2009	Contributor address; City; State; Zip Code 7601 Sandia Loop Austin, TX 78735		\$350.00	 		
	ļ			(If travel outside of	Texas, complete Schedule T)		
	Principal occupa Attorney	ation / Job title (See Instructions)	Employer (See Ins Greenberg Trau				
	Date	Full name of contributor ut-of-state PAC (ID# McGinnis, Michael	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/20/2009	Contributor address; City; State; Zip Code 3407 Toro Canyon Austin, TX 78746		\$350.00	 		
	Í			(If travel outside of	Texas, complete Schedule T)		
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		Table 1 Complete Control 17		
	attorney	•	self	,			

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#			
			Schedule: 18	3/26 Report: 20/33		
2 FILER NAME	Cole, Sheryl		3 ACCOUNT # 00000009	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# McGinnis, Lochridge & Kilgore, LLP	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
04/21/2009	6 Contributor address; City; State; Zip Code 600 Congress Avenue, Suite 2100 Austin, TX 78701		\$350.00	 		
			(if travel outside of	Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/12/2009	Contributor address; City; State; Zip Code 3211 Hampton Rd. Austin, TX 78705		\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/21/2009	Contributor address; City; State; Zip Code 6301 Cat Mountain Cove Austin, TX 78731		\$300.00	 		
			<u></u>	Texas, complete Schedule T)		
Principal occup teacher	vation / Job title (See Instructions)	Employer (See In Asain American	structions) i Cultural Center			
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/25/2009	Contributor address; City; State; Zip Code P.O. Box 142382 Austin, TX 78714		\$200.00	 		
			<u> </u>	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/10/2009	Contributor address; City; State; Zip Code 2808 Rock Terrace Dr Austin, TX 78704		\$350.00	 		
				Texas, complete Schedule T)		
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Ins Law Office of Sh				

				
The Instruct	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19	/26 Report: 21/33
2 FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Ogden, Katherine	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/15/2009	6 Contributor address; City; State; Zip Code 4805 Shoalwood Ave. Austin, TX 78756		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2009	Contributor address; City; State; Zip Code 1921 Elysian Fields Austin, TX 78727		\$200.00	
			<u> L</u>	Texas, complete Schedule T)
Principal occu real estate b	pation / Job title (See Instructions) proker	Employer (See In Alexaco Group,		
Date	Full name of contributor ut-of-state PAC (ID# Peoples, Wesley	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/14/2009	Contributor address; City; State; Zip Code 7511 Fireoak Dr. Austin, TX 78759		\$200.00	l
				Texas, complete Schedule T)
Principal occu owner	pation / Job title (See Instructions)	Employer (See In WJT Consulting		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/27/2009	Contributor address; City; State; Zip Code 4100 Michael Neill Dr. Austin, TX 78730		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Regional Vic	pation / Job title (See Instructions) se President	Employer (See In: Texas Gas Sen		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2009	Contributor address; City; State; Zip Code 4611 Edgemont Dr. Austin, TX 78731-5225		\$250.00	
			<u> </u>	Texas, complete Schedule T)
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See In: J. Ramsey & As		

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The Instruction	ON GUIDE explains how to complete this form.	====	1 PAGE# Schedule: 20	0/26 Report: 22/33
2 FILER NAME	Cole, Sheryl		3 ACCOUNT # 00000009	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Ramsey, MariBen	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/19/2009	6 Contributor address; City; State; Zip Code 1707 Elton Lane Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occur Attorney	pation / Job title (See Instructions)	10 Employer (See In Austin Commun		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/15/2009	Contributor address; City; State; Zip Code 327 Congress Ave., Ste. 500		\$100.00	ļ [
	Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	· -
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2009	Contributor address; City; State; Zip Code 525 Round Rock West Dr. Ste. 250 Round Rock, TX 78681	,	\$100.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	<u> </u>	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2009	Contributor address; City; State; Zip Code 4605 Charles Ave. Austin, TX 78746		\$100.00	
	,		(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	l '	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
Date	Reyes, Robert	·	contribution (\$)	description (if applicable)
03/31/2009	Contributor address; City; State; Zip Code 3409 Trickling Springs Way Pflugerville, TX 78660		\$100.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	lation / Job title (See Instructions)	Employer (See Ins		,,,

POLITICAL CONTRIBUTIONS

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 21	/26 Report: 23/33		
2	FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID# Reyes, Rose)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	04/20/2009	6 Contributor address; City; State; Zip Code 6007 Eureka Dr. Austin, TX 78745		\$100.00	 		
				<u> </u>	Texas, complete Schedule T)		
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Richards, Dan)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/22/2009	Contributor address; City; State; Zip Code 816 Congress #1200 Austin, TX 78701		\$350.00	! 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Ins Richards, Rodri				
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/24/2009	Contributor address; City; State; Zip Code P.O. Box 4598 Austin, TX 78765		\$350.00	 		
					Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Ruiz, Paul)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/23/2009	Contributor address; City; State; Zip Code 309 Cumberland Rd. Austin, TX 78704		\$150.00	 		
				<u> </u>	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Sahyoun, Anthony)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/20/2009	Contributor address; City; State; Zip Code 1312 Glenda Dr. Round Rock, TX 78681-4921		\$100.00	 		
				If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins		Toxas, complete concease 1,		
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The Instruct	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 22	/26 Report: 24/33
2 FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Sanders, Judith)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/15/2009	6 Contributor address; City; State; Zip Code 3811 Ridgelea Dr. Austin, TX 78731		\$100.00	1 ! !
			(if travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	,
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/14/2009	Contributor address; City; State; Zip Code 601 N Lamar Suite 301 Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$350.00	
		•	(If travel outside of	Texas, complete Schedule T)
Principal occu President	pation / Job title (See Instructions)	Employer (See In Schlosser Deve		
Date	Full name of contributor	_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/10/2009	Contributor address; City; State; Zip Code 1309 Elton Lane Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu none	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	tn-kind contribution description (if applicable)
04/19/2009	Contributor address; City; State; Zip Code 12409 Gun Metal Dr. Austin, TX 78739		\$350.00	
- 			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In: Travis County	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2009	Contributor address; City; State; Zip Code 2709 Dagama Ct. Cedar Park, TX 78613	•••••	\$100.00 I	:
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

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	The Instruction	on Guide explains how to complete this form.		1 PAGE#	
_					3/26 Report: 25/33
2	FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID) Smith, Henry	<u> </u>	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/14/2009	6 Contributor address; City; State; Zip Code 12409 Cascade Caverns Tr. Austin, TX 78739		\$200.00	[
				(if travel outside of	Texas, complete Schedule T)
9	Principal occup Principal / Ow	ation / Job title (See Instructions) ner	10 Employer (See In C Faulkner Eng		
	Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/10/2009	Contributor address; City; State; Zip Code 8296 Ponderosa Dr. Parker, CO 80138		\$100.00	; ; ;
			:	(If travel outside of	Texas, complete Schedule T)
Т	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	" · **
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/10/2009	Contributor address; City; State; Zip Code 208 Barton Springs Austin, TX 78704		\$100.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/23/2009	Contributor address; City; State; Zip Code 5007 Lodge View Lane Austin, TX 78731		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/15/2009	Contributor address; City; State; Zip Code 600 Bellevue Place Austin, TX 78705		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		,
	realtor		self		

	The Instruction	อพ Guide explains how to complete this form.		1 PAGE#	/26 Report: 26/33
2	FILER NAME	Cole, Sheryl	****	3 ACCOUNT# 00000009	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Thornhill, Jr., William	<u>; </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
I	04/23/2009	6 Contributor address; City; State; Zip Code 300 W. 6th St. 15th Floor Austin, TX 78701	•••••	\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	nation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/15/2009	Contributor address; City; State; Zip Code 800 Christopher St. Austin, TX 78704		\$250.00	
		Austri, 17,76764		(If travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	l '	Texas, complete constant 1)
	FIIIСіраї Оссор	Maion 7 300 tale (See instituctions)	self	30 0000137	
	Date	Full name of contributor	<u>+</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/10/2009	Contributor address; City; State; Zip Code 1705 Bay Hill Dr. Austin, TX 78746		\$350.00	
		Adsuit, 17.70740		(If travel outside of	Texas, complete Schedule T)
	Principal occup Chairman of t	ation / Job title (See Instructions) he Board	Employer (See In Stewart Title of		
	Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/19/2009	Contributor address; City; State; Zip Code 7126 Valburn Drive Austin, TX 78731		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/13/2009	Contributor address; City; State; Zip Code 9701 Anchusa Trail Austin, TX 78736		\$350.00	
				(If traval outside of	Tayan complete Schadula Ti
	Principal occup owner	ation / Job title (See Instructions)	Employer (See Ins Allen Valliant Ind	structions)	Texas, complete Schedule T)

L					
	The Instruction	ON GUIDE explains how to complete this form.	W-100-1-	1 PAGE# Schedule: 25	5/26 Report: 27/33
2	FILER NAME	Cole, Sheryl		3 ACCOUNT# 00000009	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/20/2009	6 Contributor address; City; State; Zip Code 413 Hazeltine Dr. Lakeway, TX 78734-4644		\$350.00	
				<u></u>	Texas, complete Schedule T)
9	Principal occup Vice Presider	ation / Job title (See Instructions) It	10 Employer (See In Schlosser Deve		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/06/2009	Contributor address; City; State; Zip Code 7124 Quimper Lane Austin, TX 78749	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	
				(If travel outside of	Texas, complete Schedule T)
H	Principal occup	ation / Job title (See Instructions)	Employer (See In	L.`	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/23/2009	Contributor address; City; State; Zip Code P.O. Box 1148 Austin, TX 78767		\$100.00] []
				<u> </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/08/2009	Contributor address; City; State; Zip Code 1903A Crested Butte Dr. Austin, TX 78746		\$350.00] [
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In: US Navy	<u>L</u>	,
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2009	Contributor address; City; State; Zip Code 10505 Yarrow St. Austin, TX 78733		\$350.00	1 1
	Ì			(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u></u>	
	· ·	·	requested	•	

	The Instruction	ON GUIDE explains how to comple	ete this form.		1 PAGE# Schedule: 26	6/26 Report: 28/33
2	FILER NAME	Cole, Sheryl			3 ACCOUNT# 00000009	(Ethics Commission filers)
4	Date	5 Full name of contributor Zapata, Luis	out-of-state PAC (ID#	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
;	04/07/2009	6 Contributor address; Ci 503 E. 6th St. Ste. C. Austin, TX 78701	ity; State; Zip Code		\$200.00	
	ļ				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Producer	pation / Job title (See Instructions)		10 Employer (See In: Old Pecan Stree	structions) et Festival	
	Date	Full name of contributor Zuniga, Diana	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) Event Expense
	04/12/2009	4705 Timberline Dr.	ity; State; Zip Code		\$317.68	I
		Austin, TX 78746			1	Texas, complete Schedule T)
	Principal occupa President/Ow	pation / Job title (See Instructions) vner		Employer (See Institution investors Alliand	structions) ce, Inc.	

POLITI	CAL EXPENDITURES	01111-2010	(512)40	SCHEDULE F
The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 1/5	Report: 29/33
2 FILER NAME	Cole, Sheryl		3 ACCOUNT # 00000009	(Ethics Commission filers)
4 Date 5 Payee name AT&T			7 Amount (\$)	
04/15/2009	6 Payee address; City; State; Zip Code 555 Main Street Beaumont, TX 77701			\$191.35
8 Purpose of pay required.) telephone	yment (See instructions regarding type of information	9 · · Complete if direct Candidate / Officehol		efit Candidate/Officeholder **
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:	,, , , , , , , , , , , , , , , , , , ,	
Date	Payee name Austin Chronicle			Amount (\$)
04/21/2009	Payee address; City; State; Zip Code 4000 North I H 35 Austin, TX 78751			\$749.00
Purpose of pay required.) advertising	ment (See instructions regarding type of information	* * Complete if direct Candidate / Officehol		afit Candidate/Officeholder **
Ū	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Austin Chronicle			Amount (\$)
04/24/2009	Payee address; City; State; Zip Code 4000 North I H 35 Austin, TX 78751	• • • • • • • • • • • • • • • • • • • •		\$1,498.00 }
Purpose of pay required.) advertising	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehol	t expenditure to bene der name:	efit Candidate/Officeholder **
(н	travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Austin Women's Political Caucus			Amount (\$)
04/14/2009	Payee address; City; State; Zip Code P.O. Box 12383 Austin, TX 78701			\$90.00
required.)	ment (See instructions regarding type of information	* * Complete if direct Candidate / Officehole		efit Candidate/Officeholder
membership fees	travel outside of Texas, complete Schedule T)	Office sought: Office held:		

POLITICAL EXPENDITURES SCHEDULE F				
The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 2/5	Report: 30/33
2 FILER NAME	Cole, Sheryl		3 ACCOUNT # 00000009	(Ethics Commission filers)
4 Date	5 Payee name Bomar, Judith	•		7 Amount (\$)
04/11/2009	6 Payee address; City; State; Zip Code 5705 Burnet Rd. Austin, TX 78756			\$350.00
Purpose of par required.) refund of contrib	ment (See instructions regarding type of information ution	9 · · Complete if direct Candidate / Officehol		efit Candidate/Officeholder **
(t	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Butts, David			Amount (\$)
04/21/2009 Payee address; City; State; Zip Code 1914 Patton Lane Austin, TX 78723			\$3,000.00	
Purpose of payment (See instructions regarding type of information required.) ** Complete if direct expenditure to be Candidate / Officeholder name:				fit Candidate/Officeholder ••
General campaign consulting (If travel outside of Texas, complete Schedule T)		Office sought: Office held:		
Date	Payee name			Amount
	Central Market			(\$)
04/21/2009	Payee address; City; State; Zip Code 4001 N. Lamar Austin, TX 78756			\$233.71
Purpose of pay required.)	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehold		fit Candidate/Officeholder **
•	travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Cole, Sheryl			Amount (\$)
04/03/2009	Payee address; City; State; Zip Code 4101 Wildwood Austin Austin, TX 78722			\$40,000.00
Purpose of pay required.)	rment (See instructions regarding type of information	** Complete if direct Candidate / Officehold		fit Candidate/Officeholder **
Loan Repayment	·			
(If	travel outside of Texas, complete Schedule T)	Office sought: Office held:		

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 3/5	Report: 31/33
2 FILER NAME	Cole, Sheryl		3 ACCOUNT # 00000009	(Ethics Commission filers)
4 Date	5 Payee name Harry, Susan			7 Amount (\$)
04/02/2009	04/02/2009 6 Payee address; City; State; Zip Code 2520 Longview St., Ste. 211 Austin, TX 78705			\$3,000.00
8 Purpose of par required.) fundraising cons	yment (See instructions regarding type of information ulting	9 * Complete if direct Candidate / Officehol		efit Candidate/Officeholder
1)	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Harry, Susan			Amount (\$)
04/24/2009	Payee address; City; State; Zip Code 2520 Longview St., Ste. 211 Austin, TX 78705			\$3,000.00
Purpose of pay required.) fundraising cons	rment (See instructions regarding type of information	** Complete if direct Candidate / Officehol		efit Candidate/Officeholder
(If travel outside of Texas, complete Schedule T)		Office sought: Office held:		
Date	Payee name Kinko's			Amount (\$)
04/28/2009	Payee address; City: State; Zip Code 2901-C Medical Arts Austin, TX 78705			\$214.32
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct Candidate / Officehole		fit Candidate/Officeholder **
,	travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name McDonald, Stephanie			Amount (\$)
04/15/2009	Payee address; City; State; Zip Code PO Box 4101 Austin, TX 78765			\$1,500.00
Purpose of pay required.) General campaig	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehold		fit Candidate/Officeholder **
	travel outside of Texas, complete Schedule T)	Office sought: Office held:		ļ

(If travel outside of Texas, complete Schedule T)

POLITICAL EXPENDITURES SCHEDULE F PAGE # The INSTRUCTION GUIDE explains how to complete this form. Schedule: 4/5 Report: 32/33 (Ethics Commission filers) 2 FILER NAME ACCOUNT# Cole, Sheryl 00000009 4 Date Payee name Amount NOKOA (\$) 04/29/2009 \$1,890.00 6 Payee address; City; State; Zip Code 1154 Angelina St Austin, TX 78702 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditure to benefit Candidate/Officeholder ** required.) Candidate / Officeholder name: advertising Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount (\$) Paypal \$99.83 04/29/2009 Payee address; City; State; Zip Code P.O. Box 7022 Mountain View, CA 94039 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: required.) credit card processing fees Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Amount Payee name Ranes, Jim (\$) 04/27/2009 \$494.85 Payee address; City; State; Zip Code 1501 Barton Springs #233 Austin, TX 78704 * Complete if direct expenditure to benefit Candidate/Officeholder Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: graphic design Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount Rindy Miller Media (\$) 04/28/2009 \$40,000,00 Payee address; City; State; Zip Code 2401 East 6th Street Austin, TX 78702 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditure to benefit Candidate/Officeholder ** required.) Candidate / Officeholder name: television advertising Office sought:

Office held:

POLITICAL EXPENDITURES	SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.	1 PAGE # Schedule: 5/5 Report: 33/33
2 FILER NAME Cole, Sheryl	3 ACCOUNT # (Ethics Commission filers) 00000009
4 Date 5 Payee name The Villager	7 Amount (\$)
04/21/2009 6 Payee address; City; State; Zip Code 1223 Rosewood Ave Austin, TX 78702	\$1,512.00
8 Purpose of payment (See instructions regarding type of information required.) 9 ** Compl Candidate advertising	ete if direct expenditure to benefit Candidate/Officeholder ** / Officeholder name:
(If travel outside of Texas, complete Schedule T) Office sou	
Date Payee name Thompson, Eleanor	Amount (\$)
04/04/2009 Payee address; City; State; Zip Code 1409 Clifford Ave. Austin, TX 78702	\$750.00
Purpose of payment (See instructions regarding type of information required.) Candidate Completion Candidate	ete if direct expenditure to benefit Candidate/Officeholder ** / Officeholder name:
(If travel outside of Texas, complete Schedule T) Office sou	

Sheryl Cole

SCHEDULE V – attach to form C/OH PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF Reference 2-2-14, Austin City Code

Enter the name and address of any person who has solicited and obtained contributions on your behalf, during the reporting period, of \$200 per person from five or more individuals. (You need not include individuals who raise funds totaling \$5,000 or less through a fundraising event in that individual's residence.)

Name of person soliciting contributions: Brad Schlosser

Address: 601 N. Lamar, Ste. 301, Austin, TX 78703